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POLICY AND PROCEDURE
CRISIS INTERVENTION TEAM

I. PURPOSE:

It is the purpose of this policy is to establish guidelines and procedures under which members of the Newtown Department of Police Services Crisis Intervention Team (CIT) shall operate in order to ensure a coordinated and professional response in providing services to persons in crisis.

II. POLICY:

It is the policy of the NDPS to respond to incidents involving persons in crisis with professionalism, compassion, and concern for the safety of all involved. During such incidents Crisis Intervention Team members may be used as a resource for identifying and providing services for individuals in crisis.

III. DEFINITIONS:

- A. Crisis Intervention Team (CIT) - A partnership between the police, mental health professionals, and the community that seeks to achieve the common goals of safety, understanding, and services to persons in crisis and their families.
- B. CIT Officer – A Newtown Police Officer trained and certified in first response crisis intervention. The CIT Officer works in partnership with the CIT Clinician to respond to and resolve incidents of persons in crisis. Officers will be chosen for CIT training on a voluntary basis in consult with the Chief of Police, Training Officer and the current CIT Coordinator. CIT Officers are authorized to wear the “Pathfinder” pin on their uniform above their name tag. CIT Officers will be identified as such on the daily schedule so that dispatchers are aware of who to send to CIT calls for service.
- C. CIT Clinician - A mental health professional that is trained in mobile outreach crisis intervention and, when available and called upon, works in partnership with CIT Officers to effectively respond to and resolve incidents of persons in crisis.
- D. Crisis Incident – Any call in which an individual would benefit from the specialized training and knowledge of a CIT Officer and the services that can be provided through the CIT process. Crisis Incidents include but are not limited to calls involving: Persons known to have mental illness who are experiencing an active episode; persons displaying behavior indicative of mental illness; attempted or threatened suicide; calls involving gravely disabled or incapacitated individuals; or calls in which individuals may be experiencing emotional trauma.
- E. Mentally Ill – A person who has a mental or emotional condition which has substantial

adverse effects on their ability to function and who requires care and treatment.

- F. Gravely Disabled – A condition in which a person, as a result of mental, emotional or physical impairment, is in danger of serious harm as a result of an inability or failure to provide for his or her own basic human needs such as essential food, clothing, shelter or safety. Such person is mentally incapable of determining whether or not to accept the necessary treatment because their judgment is impaired by psychiatric disabilities.
- G. Incapacitated Person – A condition in which a person, as a result of alcohol or drug use, has their judgment impaired, so that they are incapable of realizing and making a rational decision regarding their need for medical treatment.

IV. **PROCEDURES:**

A. Identifying a CIT Call for Service

1. The dispatcher will generally be the primary source for identifying CIT calls for service; however officers investigating an incident may classify it as a crisis incident call for service necessitating CIT team members to be dispatched.
2. Types of calls for service that may require CIT Officer response include but are not limited to:
 - a. Any *Crisis Incident* as defined above;
 - b. Any CI (crisis intervention) call for service;
 - c. Attempted/threatened suicides;
 - d. Mental health disorders;
 - e. Medical assists;
 - f. Traumatic incidents, such as sudden deaths;
 - g. Health and welfare checks
 - h. Breach of Peace/Disorderly Conduct
 - i. Trespassing/Refusing to leave the property
3. Recognition of persons suffering from mental illness can come in different forms such as and not limited to the following:
 - a. Others saying the person is not himself/herself
 - b. Persons exhibiting behavior that is dangerous to themselves and others
 - c. Persons exhibiting withdrawn behavior, talking to only themselves
 - d. Persons experiencing sensations not based upon reality such as visions, odors, tastes, voices
 - e. Persons with unrealistic ideas or grand thoughts
 - f. Persons that believe they are worthless
 - g. Persons exaggerating events
 - h. Persons who are experiencing loss of memory and or time

B. Dispatcher Responsibilities

1. Identify the call for service as a CIT call. Compile and record all necessary information, including a detailed narrative. If there is any doubt about whether or not the call for service should include a CIT Officer the shift supervisor shall be consulted;
2. Dispatch a CIT Officer to the CIT call whenever feasible. All CIT officers will be identified by the daily roster and if possible within our CAD/RMS. At least one of the

officers on the scene of a CIT call should be a CIT Officer;

3. Assign any case numbers to the original case/sector officer
4. Make any phone calls to crisis intervention agencies as directed by the CIT Officer

C. CIT Officer (and Non-CIT) Officer Responsibilities

1. A non-CIT trained officer may request a CIT Officer to any scene should he/she find it appropriate;
2. If a CIT Officer is not dispatched to a CIT call, it is the CIT Officer's responsibility to notify dispatch of their CIT status and their availability to respond;
3. Once on scene, the CIT Officer shall confer with the sector officer and/or supervisor on scene and shall determine a best course of action for the individual(s) involved based on their CIT training and experience. The CIT Officer shall take a lead role in bringing the situation to a safe and proper resolution;
4. The CIT Officer shall determine which, if any, services shall be contacted to assist the person in need. This may include the ambulance, a personal physician or psychiatrist, family members, social services, mobile crisis outreach, EMPS, or any other agency or services which the CIT Officer deems necessary;
5. The CIT Officer will have the responsibility of contacting the Danbury Hospital Crisis Line and Mobile Outreach should they deem it necessary, and shall act as liaison to any CIT Clinician that comes out to the scene. If a CIT Officer is not available to respond to a CIT call, the officers and/or supervisor on scene shall utilize the contacts within this policy;
6. In the event an emergency examination is deemed appropriate pursuant to C.G.S. 17a-503, the CIT Officer will assist with the form and all current Crisis Intervention protocols shall be followed;
7. The sector officer shall be responsible for the case report. The CIT Officer shall complete a supplemental report entitled "CIT Assistance Report".

D. Shift Supervisor Responsibilities

1. Supervisors shall ensure that CIT officers are properly dispatched to CIT incidents;
2. Supervisors shall ensure that CIT officers are utilized properly and will report any issues with the program, or CIT officer, to the CIT Coordinator;
3. Supervisors have the ultimate authority to decide whether or not to dispatch a CIT Officer to an incident that may cause a decline in shift strength or other manpower issues;
4. Supervisors shall ensure that the proper reports are completed and shall forward a copy of the "CIT Assistance Report" to the CIT Coordinator;

E. CIT Program Coordinator Responsibilities

1. The CIT Coordinator will be chosen by the Chief of Police and will be an individual with supervisory rank of at least Sergeant, and have completed the 40-hour CIT certification training program;
2. The CIT Coordinator shall review all "CIT Assistance Reports" to ensure that the CIT Officers are performing their responsibilities in accordance with this policy and their training;
3. The CIT Coordinator shall prepare and forward a Quarterly report up their chain of command outlining the status of the team, response to calls for CIT service statistics and any issues and/or recommendations;
4. The CIT Coordinator shall have direct responsibility for the good working order of the CIT, shall handle any issues that arise with the Unit, and shall be responsible along with the Training Officer, for any certifications or further training needs of the CIT Officers;
5. The CIT Coordinator shall liaison with the area mental health providers outlined in this policy and shall endeavor to strengthen the working relationship and interchange of knowledge between these providers and the Department. This may include attending joint meetings, trainings, supplying reports to the CIT clinician, etc.

F. CIT Clinician Responsibilities

1. Once contacted, a CIT clinician from the Danbury Mobile Crisis Outreach Unit may elect to give guidance over the phone or may elect to come out to the scene of the CIT incident if requested;
2. Once on scene, the CIT clinician shall immediately confer with the CIT officer and the supervisor regarding the incident and will be given the appropriate access;
3. At the request of a CIT officer and supervisor, CIT clinicians may interview prisoners identified as CIT clients whether they are in the booking room, interview room, hospital emergency room or any other location;
4. CIT clinicians shall contact the CIT coordinator regarding any problems or concerns, or if they are unavailable they may contact the on-duty shift supervisor.

V. COMMUNITY MENTAL HEALTH RESOURCES

A. Emergency Contacts and Resources

1. Danbury Hospital ER: **203-739-7100**
- For purposes of psychiatric committal
2. Danbury Hospital Behavioral Care & Mobile Crisis Outreach: **203-739-6104**
- Staffed by two clinicians from 7am-10pm Mon-Fri. Current director is Liz Peralta. Upon call from a CIT Officer they will evaluate situation and may decide to come out to the scene.
3. Emergency Mobile Psychiatric Services (EMPS): **211 (option 1)**
- This service will come to the scene or follow-up during regular business hours when the person suffering with mental illness, or any other CIT call for service, is a child/juvenile under the age of 18.

4. Regional Crisis Hotline: **1-888-447-3339**
- This is a 24-hr toll free number, staffed by clinicians from 8am-12am. They offer crisis services and resources.

B. Non-Emergency Contacts and Resources

1. Info Line: **211**
2. Newtown Senior Services: **203-270-4310** (elderly issues)
3. Newtown Social Services: **203-270-4330** (meals on wheels, etc)
4. Newtown Youth Services: **203-270-4335**
5. Family Counseling Services: **203-426-8103**
6. Kevin's Community Center: **203-426-0496** (free medical care)
7. Probate Court: **203-794-8508** (guardianships, temporary custody, etc)
8. Visiting Nurse Association: **203-270-4377** (medical assistance)

VI. CIT TEAM SELECTION

- A. When and if the opportunity for CIT training arises, any officer wishing to be a CIT member shall submit a letter of intent to the Training Officer. The Training Officer in consultation with the CIT Coordinator and the Chief of Police will choose which officers will attend the 40 hour CIT certification training.
- B. The following criteria may be used when selecting team members:
 1. Communications Skills – active listening, rapport building, reflective, respectful, open ended questioning
 2. Interpersonal Skills – patience, empathy, compassion, non-judgmental
 3. Performance Skills – observant, problem solver, good analytical skill, good report writing skills, able to think “out-of-the-box”
 4. Personal Traits – maturity, leadership, self-discipline, confidence, adaptability, peer acceptance
- C. The Chief of Police in consultation with the CIT Coordinator may remove any member from the CIT for just cause and/or they can no longer dedicate the time or commitment to the team.
- D. CIT Officers are authorized to wear the nationally recognized “Pathfinder” pin above the right uniform pocket in accordance with P&P 10.03,III,A(6).